



Distribute



TO THE CHAIRMAN AND MEMBERS
OF THE
SALTBURN & MARSKE-BY-SEA URBAN DISTRICT COUNCIL

MADAM AND GENTLEMEN,

I beg to submit my Annual Report for the year 1942 which has been prepared on the lines indicated in the Ministry of Health Circular No. 2773.

The main points about the vital statistics are that both birth-rate and death-rate are above the pre-war level, while the infant mortality rate is low. The birth-rate is more than double what it was in 1933 and is now, in fact, slightly above the average rate in England and Wales. The increase in the death-rate is not so marked and may be partly owing to the increased relative proportion of older people.

The prevalence of infectious disease during the year has been light. Scarlet fever particularly has been relatively absent: only two cases were notified in the district and only 41 in the Combined Districts, less than the previous record low figure of 48 cases in 1916. The proportion of younger children who have not had scarlet fever is high and once the germ causing the disease finds other conditions suitable to its spread there seems no reason why a big epidemic should not develop. Diphtheria also has been light, with no cases in children under 15 years. Immunisation was carried out on a large number of children this year, many cases being re-immunisations of children immunised some years previously. The figures for the whole of the Combined Districts are as follows:

Children Immunised against Diphtheria.

		Guisborough U.D.	Loftus U.D.	Redcar Borough	Saltburn & Marske U.D.	Skelton & Brotton U.D.
Number immunised						
at end of 1941	...	737	493	2,235	1,121	1,419
during 1942	...	429	568	607	863	304
Total immunised 1935—1942		1,166	1,061	2,842	1,984	1,723

During 1942 there were immunised in the Combined Districts 1,008 children under the age of 5 years, 1,479 children between the ages of 5 and 15 years, and 284 children whose age was not recorded. 33 cases of diphtheria in children under the age of 15 years were notified; 6 of these were in immunised children and 27 in those not immunised. 4 deaths were registered as due to diphtheria, all in non-immunised children. Before immunisation was commenced in these districts diphtheria affected chiefly school children: for instance, out of the 138 cases notified in 1934, 15% were in children under the age of 5 years, 72% between the ages of 5 and 14 years, while 13% were 15 years or older. These proportions prevailed substantially to 1938, but with the large increase in the proportion of children immunised since that year there is now no undue preponderance of attack on school children, the age-distribution of the 50 cases notified in 1942 being 32% under the age of 5 years, 34% between the ages of 5 and 14, and 34% at 15 years or older. Expressed in another way, the number of cases of diphtheria under 5 years of age in 1942 was 76% of the number occurring at that age in 1934; the number of cases at 5—14 years of age in 1942 was 17% only of the number at that age in 1934; while the number in 1942 at ages 15 years and up was 95% of the figure at that age-period in 1934. One cannot assert definitely that this change of age incidence is due to immunisation, as such alterations have been known to occur before, presumably due to change in habits of the infective germ, but the suggestion of an association is very strong, particularly as, in this urban district alone, where immunisation of the children is practically complete (over 95%), there was no case at all of the disease under 15 years of age.

